

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/19/2014	
NAME OF PROVIDER OR SUPPLIER  SUNRISE ON OLD MERIDIAN				STREET ADDRESS, CITY, STATE, ZIP CODE 12130 OLD MERIDAN ST CARMEL, IN 46032			
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R000000	<p>This visit was for a State Residential Licensure survey.</p> <p>Survey dates: June 18 and 19, 2014</p> <p>Facility number: 012141 Provider number: 012141 AIM number: N/A</p> <p>Survey team: Janet Stanton, R.N.--Team Coordinator Gloria Bond, R.N. Sandra Nolder, R.N.</p> <p>Census bed type: Residential--87 Total--87</p> <p>Census payor type: Other--87 Total--87</p> <p>Residential Sample: 8</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review was completed by Tammy Alley RN on June 23, 2014.</p>		R000000	<p>Response to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance of state law.</p>			
R000272	410 IAC 16.2-5-5.1(e)						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Food and Nutritional Services - Deficiency (e) All food shall be served at a safe and appropriate temperature.</p> <p>Based on observation, interview and record review the facility failed to serve food at safe and appropriate temperatures from the Reminiscence Neighborhood kitchenette. This deficient practice had the potential to affect 26 of 26 residents served food from the kitchenette.</p> <p>Findings include:</p> <p>On 6/18/14 at 12:38 P.M., Lead Care Manager #6 was observed grabbing a box of Kleenex's, then going to the area of the steam table to perform holding temps with a digital thermometer. She stuck the thermometer in the Chicken Tortilla soup to register the temperature, then wiped it off with a Kleenex. She stuck the thermometer in the Green Beans to register the temperature, then wiped it off with a Kleenex. The DSD (Dining Service Director) was asked to watch the Lead Care Manager temp the food.</p> <p>On 6/18/14 at 12:38 P.M., Lead Care Manager #6 was observed performing holding temps for all the food that had been served for lunch except for the fruit tray. The Chicken Tortilla Soup temped at 157.4 degrees F (Fahrenheit), Green Beans temped at 138.9 degrees F,</p>	R000272	<p><b>Target Date by Which Correction will be completed Plan of Correction</b></p> <p>06/18/14 Completion by 07/31/14 Daily Monitoring; Ongoing 7/31/14</p> <p>Ongoing Ongoing g for 6 months a) Dining Services Director (DSD) provided a supply of alcohol wipes to the Reminiscence team. DSD or designee will monitor the supply of alcohol wipes monthly to ensure Team Members (TM)s have appropriate sanitation tools to clean the digital thermometers. The supply is secured in the serveries when not in use and replenished as needed. b) On 06/19/14, TMs received an in-service on appropriate procedure of use and care of the thermometers. Additional TMs will be trained on appropriate way to sanitize thermometers. c) DSD or designee will ensure that all production logs are given to each neighborhood prior to the start of each meal service to ensure TMs have appropriate forms to document temperatures. d) DSD will conduct an in-service for all TMs on proper temperature holds. The DSD will ensure that TMs take temperatures on all hot and cold foods. DSD and Executive</p>		07/31/2014		

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	<p>Roasted Potatoes temped at 112.8 degrees F, Mushroom Quiche temped at 115.7 degrees F, Tuna Salad Plate temped at 51.2 degrees F, and the Turkey Club Plate temped at 78.8 degrees F.</p> <p>The "Production Summary Worksheet with Temperatures" form for the Reminiscence unit was reviewed on 6/18/14 at 1:45 P.M. The form indicated the following dates and meals lacked documentation that cooking and/or holding temperature were performed: 6/15/14--Breakfast for cold and hot foods for the cooking and holding temperatures. Lunch for cold and hot foods for the cooking and holding temperatures. Dinner for cold and hot foods for the cooking and holding temperatures.</p> <p>6/16/14--Breakfast for cold foods for cooking and holding temperatures. Lunch for cold foods for cooking and holding temperatures and for hot foods for cooking temperatures. Dinner for cold foods for cooking and holding temperatures and hot foods for cooking temperatures.</p> <p>6/17/14--Breakfast for cold foods for cooking and holding temperatures and hot foods for cooking temperatures. Lunch for cold foods for cooking and</p>		<p>Director (ED) will do daily spot checks in all three kitchens to ensure documentation is complete. After two weeks of full compliance, the DSD, ED, or designee will decrease the monitoring to twice a week for 60 days. If full compliance is achieved the frequency of oversight is decreased to one time per week.. e) DSD will monitor meal service at a minimum of four times per month on the Reminiscence and Terrace Club neighborhoods respectively. DSD will document on production sheet that he served the meal or watched the meal service. All production sheets will be turned into the DSD on a daily basis to monitor that all processes are being followed. Coordinators will be notified by DSD if the meal is not in compliance. Corrective actions will then be assessed. The ED is responsible for conducting a monthly QA compliance review to ensure overall ongoing compliance. f) The Crandall Registered dietician will make 2 unscheduled visits per month for the next 6 months to monitor compliance. If consistently achieved, the frequency of unscheduled visits will decrease to monthly to ensure all documentation and procedures are being done consistently. ED is responsible for conducting a monthly QA compliance review to ensure overall ongoing compliance. The</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>holding temperatures and hot foods for cooking temperatures. Dinner for cold and hot foods for cooking and holding temperatures.</p> <p>6/18/14--Breakfast for cold foods for cooking and holding temperatures and hot foods for cooking temperatures. Lunch for cold and hot foods for cooking temperatures.</p> <p>During an interview on 6/18/14 at 12:35 P.M., Lead Care Manager #5 indicated the fruit trays that were in the Homestyle refrigerator were served at lunch, but they were not temped before they were served to the residents.</p> <p>During an interview on 6/18/14 at 12:40 P.M., the DSD inquired as to why the Lead Care Manager was not cleaning the digital thermometer with an alcohol wipe after temping each food item and she indicated she did not have any alcohol swabs. DSD indicated he would get her some and indicated she was to rinse the thermometer off with hot water and wipe it off with a paper towel in between temping food items.</p> <p>During an interview on 6/19/14 at 2:55 P.M., the Associate Executive Director indicated the DSD was responsible for educating the newly hired kitchen staff</p>		ED will ensure that immediate corrective action is taken if compliance deficiencies are noted.				

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	<p>and the new employees hired on the other units on the policies and procedures regarding food safety and sanitation.</p> <p>A current policy updated 4/2014 titled, "FOOD TEMPERATURES" provided by the Associate Executive Director on 6/19/14 at 1:35 P.M., indicated "...PROCEDURE: 1. Wash, rinse and sanitize a dial face, metal probe-type thermometer with alcohol wipe... Re-sanitize the thermometer after each use... 3. Record reading on Food Temperature Chart (Form 401) or Food Temperature/Sanitation combined Record (Form 401B) and/or Always Available Food Temperature Chart (Form 401 A) at beginning of the service line and end of the service line. If temperatures do not meet acceptable serving temperatures, reheat the product or chill the product to the proper temperature. Take the temperature of each pan of product before serving... 5. Acceptable serving temperatures * are...Potatoes, pasta, rice [greater or equal to sign] 140 [degrees sign] F but preferably 140 [degrees sign] -165 [degrees sign] F... Vegetables "[greater or equal to sign] 140 [degrees sign] F but preferably 140 [degrees sign] -165 [degrees sign] F... Hazards salads and desserts [lesser or equal to sign] 41 [degrees sign] F but preferably 35 [degrees sign]-41 [degrees sign] F... Cold</p>						

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R000273	<p>sandwiches [lesser or equal to sign] 41 [degrees sign] F but preferably 35 [degrees sign]-41 [degrees sign] F.... "</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview and record review, the facility failed to ensure cooking equipment was clean and properly maintained, staff was educated on proper sanitation and safety food procedures, and food items were stored according to policy and procedures. This deficiency had the potential to affect 87 of 87 residents served food from the kitchen.</p> <p>Findings include:</p> <p>1. A tour of the kitchen was conducted on 6/18/14 at 9:40 A.M., with the Dining Service Director (DSD) in attendance.</p> <p>a. During a tour of the dry storage area, the following food cans were observed dented: 6 cans--6 pounds 15 ounces Dark Red</p>	R000273	<p>07/31/14 Ongoing Ongoing 6/20/14; Ongoing Ongoing 7/10/14</p> <p>a) On 07/02/14, DSD and ED held an in-service with dietary TMs on policies related to the appropriate removal and disposal of dented/damaged cans and non-dated or expired food. TM's will participate in the in service. b) ED or designee will conduct bi weekly inspections for three months to ensure all dented cans are removed from the kitchen. If compliance is achieved, the frequency will decrease to monthly on an ongoing basis. c) All refrigerators will be checked by DSD or designee on a weekly basis to ensure that thermometers are present, in proper working order and that temperatures are being monitored and documented consistently. Documentation of</p>		07/31/2014		

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	<p>Kidney Beans. 1 can--105 ounces Sliced Peaches. 1 can--6 pounds 9 ounces Sliced Pears.</p> <p>At this time, during an interview, the DSD indicated if he had a whole case of dented cans he would send them back with the delivery driver. He indicated if he found one of more cans after the delivery, then he would throw the cans out in the trash.</p> <p>A 16 ounce bag of Ruffles Rigged Potato chips were opened and the top of the bag was rolled down several times and sitting on a shelf with an open date of 6/13, in the dry storage area.</p> <p>At this time, during an interview, the DSD indicated the chips should have been placed in a plastic container after they were opened.</p> <p>b. A tour of the walk-in cooler and freezer was completed. The DSD indicated he "believed" the walk-in cooler temperature was under 40 degrees F (Fahrenheit) because it was broken. He indicated the outside digital thermometer on the walk-in refrigeration unit was 45 degrees F, but several staff members had been in and out of the walk-in cooler getting supplies. The outside digital thermometer reading later in the tour</p>		<p>weekly checks will be turned into ED on a monthly basis. All refrigerators will be checked by assigned TMs at a minimum every other day basis to ensure that all expired and non-labeled products are safely removed. These tasks will be monitored on a weekly basis by DSD or designee. All documentation will be submitted to ED weekly. d) DSD re-implemented cleaning schedules for all equipment on June 20, 2014. DSD will turn in completed cleaning schedules to Executive Director on a weekly basis. e) Crandall Registered dietitian will make two unscheduled visits per month for the next six months to monitor compliance. If consistently achieved, the frequency of unscheduled visits will decrease to monthly unscheduled visits to ensure all documentation and procedures are being completed consistently. DSD will ensure that all proper training is done for all new hires. The TM supervisor will track completions of all training and report updates to the Business Office Coordinator (BOC). The BOC will oversight the process and report any incompletions on a monthly basis. f) All dish machines not working appropriately will be replaced or fixed. The Maintenance Coordinator (MC) and DSD will collaborate on a replacement plan. ED will oversight the process to ensure</p>				

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	<p>measured 40 degrees F. The June 2014 "HACCP REFRIGERATOR AND FREEZER TEMPERATURE LOG" lacked temperature documentation for the walk-in cooler and freezer since 6/13/14 on the A.M., shift. The DSD indicated no temperatures had been completed since 6/13/14 and if the temperatures were being completed the kitchen staff would have known the walk-in cooler thermometer was broken.</p> <p>Twenty fat free one pint size milk cartons were observed in the walk-in cooler with a use by date of 6/11/14, which was seven days after their use by date. Three Lactose free fat free one-half pint size milk cartons were observed in the walk-in cooler with a use by date of 6/14/14, which was four days after their use by date.</p> <p>The DSD indicated the milks were expired and should have been thrown away.</p> <p>Seven round brown patties were observed opened sitting on the top shelf of the walk-in freezer without a label. At this time, the DSD indicated the patties were Garden Veggie Burgers and they should have been labeled with an open date and what was in the bag.</p> <p>c. The Dishwasher wash glass dial was</p>		timely completion.				



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	<p>observed to be cracked. The DSD indicated the dishwasher was a high temp dishwasher. Before Dish Staff Personal #2 started the dishwasher the needle on the wash dial was observed sitting on 150 degrees F. When the dishwasher started, the wash needle rose to 155 degrees F, then after the wash cycle was finished the needle was observed rising to 162 degrees F and sat at that temperature.</p> <p>The rinse glass dial needle was observed sitting on 170 degrees F before the rinse cycle started. When the rinse cycle started, the needle rose to 185 degrees F during the rinse cycle, then was observed sitting on 170 degrees F after the cycle finished.</p> <p>At this time, during an interview, Dish Staff Personal #2 indicated the dishwasher was not "broken" nor was the wash dial needle "broken". The DSD indicated he was not aware the dishwasher was "broken". He indicated he did not know how long the dishwasher had been "broken" because none of his Dish Staff Personal had informed him there were any problems with the dishwasher. He indicated he was not sure Dish Staff Personal #2 knew the dishwasher was "broken".</p> <p>During a record review of employee</p>						

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	<p>records on 6/19/14 at 10:00 A.M., the "Employee Records" for Dish Staff Personal #2 indicated she was hired on 8/29/12 and she had not completed her job specific orientation skills after she was hired.</p> <p>d. The Combi oven had burnt black residue on the bottom of the oven and the racks and brown colored residue was covering the glass oven door. The Steamer oven had black residue on the bottom of the oven and the racks and brown colored residue was covering the glass oven door.</p> <p>At this time, during an interview the DSD indicated the burnt black residue on the bottom of the Combi oven and the racks, the black residue on the bottom of the Steamer oven and the racks and the brown residue on both oven glass doors were burnt food residue from the last week of cooking.</p> <p>e. The stove top back had burnt brown residue buildup. The grates on the stoves had burnt black debris with pieces of food between the grates. Three stove grates were in use at this time.</p> <p>At this time, during an interview the DSD indicated the residue and debris were from cooking. He indicated the</p>						

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	<p>stove top back was cleaned two to three weeks ago. Cook #3 indicated there was usually aluminum foil on the back of the stove, so the brown residue did not flake off into the food while it cooked. She indicated she and another co-worker had attempted to clean the back of the stove and had even scraped it, but the they could not get all the residue off, so they kept the foil on it.</p> <p>f. The back of the grill had burnt brown residue buildup. The DSD indicated, the brown residue was from cooking food on the grill.</p> <p>g. The fryer basket was not covered and the grease was a dark brown color with food particles floating on top of the grease. The DSD indicated the grease was changed and cleaned last week, but he did not have any documentation to indicate that it was changed or cleaned then.</p> <p>At this time, during an interview the DSD indicated all the pieces of cooking equipment were deep cleaned every week, but he did not have a cleaning schedule that indicated the equipment had been cleaned recently.</p> <p>A current policy updated 4/2014, titled "RECEIVING FOOD AND SUPPLIES"</p>						

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	<p>provided by the Associate Executive Director on 6/19/14 at 1:35 P.M., indicated "...Policy: 4. ...b. Check for quantity, quality, weight, labels, etc. of all foods ordered. Do not accept and return to the supplier, any item that is: ...2) In dented, rusty, damaged cans...."</p> <p>A current policy updated 11/2011, titled "DEEP-FAT FRYER" provided by the Associate Executive Director on 6/19/14 at 1:35 P.M., indicated " ... Cleaning/Sanitation of Equipment Frequency: After each use: 1...Drain and strain fat using a cheesecloth or filter paper, or drain fat and dispose of properly if fat is not translucent... 2. After draining and removing all fat, fill the frialator with hot water and detergent solution...Boil for 5-10 minutes. 3...Clean the outside of the fry kettle with grease solvent. Wipe the outside with sanitizing solution. 4. Clean fry baskets in a pot and pan sink... 6. Refill with strained fat or new fat. 7. Cover when not in use."</p> <p>A current policy updated 11/2011, titled "DISHMACHINE" provided by the Associate Executive Director on 6/19/14 at 1:35 P.M., indicated "Operation Of Equipment: ...4. Check water temperature gauges...If machine fails to reach proper temperature, turn off</p>						

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	<p>machine and report to supervisor...Frequency: Weekly 1. Clean dishmachine exterior with deliming solution...."</p> <p>A current policy undated titled, "RECORDING OF DISH MACHINE TEMPERATURES" provided by the Associate Executive Director on 6/19/14 at 1:35 P.M., indicated "...3. Record temperatures daily on Dishmachine Temperature Log (Form 408) or other designated form...4. Any inaccurate temperatures must be brought to the attention of the DSD immediately. 5. Periodically the Dining Services Director should check the accuracy of the gauges by sending a thermometer through the dishmachine. The internal thermometer should experience a 15 [sign for degrees] F temperature loss and should read 160 [sign for degrees]-165 [sign for degrees] F... Regular monitoring and maintenance is essential to maintain proper temperature. This is on high temperature machines...."</p> <p>A current policy undated titled, "STOVE TOP" provided by the Associate Executive Director on 6/19/14 at 1:35 P.M. indicated, "Sanitation of Equipment: Frequency: After each meal: 1. Wipe off burner grids using clean cloth and detergent. Frequency: After</p>						

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	<p>p.m. shift: ...2. Remove stovetop sections. 3. Take to pot and pan sink and scrub or send through dishmachine...7. Clean back and side splashguard using hot water, detergent, and clean cloth...."</p> <p>2. A tour of the Terrace Club Kitchenette was conducted on 6/18/14 at 10:37 A.M., with the DSD in attendance.</p> <p>The Homestyle refrigerator temperature measured 45 degrees F and the freezer temperature measured -1 degree F. There was no food in the refrigerator at this time. The under the counter refrigerator (Commercial refrigerator) had brown colored residue on the lip of the bottom of the bottom of the refrigerator and the bottom of the refrigerator. There was a double oven and the bottom oven had white residue on the bottom of the oven. The entire kitchen floor was sticky. The dishwasher had a sign on it that indicated, "Do not use out of order"</p> <p>At this time, during an interview, the DSD indicated the Terrace Club Coordinator would have placed a work order with maintenance for the refrigerator being out of the temperature range. He indicated she coordinated the cleaning schedules on this unit and knew how the unit operated.</p>						

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	<p>During an interview on 6/18/14 at 12:00 P.M., the Terrace Club Coordinator indicated the dishwasher had not been used since 6/10/14 when the Registered Dietician came and told them to stop using it due to it was not working correctly. She indicated it continued to read the temperatures as "low" so she and the DSD did not know if the dishes were being sanitized or not. She indicated now the staff hand washed the dishes, then sent them to the main kitchen to have them sanitized through the commercial dishwasher.</p> <p>She indicated the double oven was not on a cleaning schedule and it was cleaned on a as needed basis, but it could use a "wiping down" at this time. She indicated she had not placed a work order to maintenance for the temperature being high in the Homestyle refrigerator because she did not know about that issue. She indicated "holes" in the "Temperature Log" for the Homestyle and Commercial refrigerators indicated the staff had not taken the temperatures for those times and dates.</p> <p>During an interview on 6/18/14 at 12:20 P.M., Care Partner #4 indicated the staff mopped the kitchenette floor after every meal, but no matter how many times they</p>						

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	<p>mopped the floor it remained sticky.</p> <p>3. A tour of the Reminiscence Neighborhood Kitchenette was conducted on 6/18/14 at 10:45 A.M., with the DSD in attendance.</p> <p>The oven had pieces of burnt debris on the bottom of the oven and brown residue that had ran down the glass oven door. There was an under the counter refrigerator (Commercial refrigerator) with two doors. The right side of the refrigerator had red and yellow colored dried residue on the bottom. It contained juices, bottles of salad dressings and a 4 pack of pudding in it. The left side of the refrigerator had pieces of debris on the bottom of it and brown residue on the lip of the bottom of the refrigerator. It had cans of soda drinks in it. The Homestyle refrigerator's thermometer could not be read. The red marking in the thermometer had leaked across the thermometer to the right end of the thermometer. There were two large fruit trays and 3/4 gallon of milk in the refrigerator at this time.</p> <p>At this time, during an interview, the DSD indicated the red and yellow colored dried residue on the bottom of the under the cabinet refrigerator was juices that had spilled and the refrigerator</p>						



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	<p>needed cleaned. He indicated the Homestyle refrigerator's thermometer was cracked and that was why he could not read the temperature. He indicated there would not be a problem with the fruit trays being served for lunch because the Reminiscence staff temped the food before it was served for meals. He indicated the Reminiscence Coordinator coordinated the cleaning schedule on this unit and she knew how the unit operated.</p> <p>During an interview on 6/18/14 at 12:30 P.M., the Reminiscence Coordinator indicated there was no cleaning schedule for the oven. She indicated the oven needed to be cleaned. She indicated the "TEMPERATURE LOG" form for the Homestyle and Commercial refrigerators indicated the staff had not documented temperatures since 6/15/14.</p> <p>During an interview on 6/18/14 at 12:35 P.M., Lead Care Manager #5 indicated the fruit trays that were in the Homestyle refrigerator earlier were served at lunch, but they were not temped before they were served to the residents.</p> <p>During an interview on 6/19/14 at 9:20 A.M., the Reminiscence Coordinator indicated the night shift checked the Homestyle refrigerator and freezer temperatures with the digital reading on</p>						

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	<p>the outside of the freezer part of the unit, so even if the thermometer was cracked on the inside of the refrigerator, the staff could still check it. She was observed to push the actual temperature button on the digital temperature button on the outside of the freezer part of the unit and the reading indicated the refrigerator temperature was 41 degrees F and the freezer was 7 degrees F.</p> <p>A five gallon carton of ice cream in the freezer was observed to be soft. The Reminiscence Coordinator indicated there must be a problem with the refrigerator and freezer and she would contact the Director of Environmental Services to place a work order. She indicated the night shift was responsible for recording the temperatures of the refrigerators and freezer and they had not been doing that because the "Temperature Log" form had fell behind the refrigerator unit.</p> <p>4. A tour of the second floor Assisted Living Kitchenette was conducted on 6/18/14 at 10:55 A.M., with the DSD in attendance.</p> <p>The Homestyle refrigerator nor freezer had a thermometer in them to measure the temperatures. The microwave had brown debris on the top, sides and</p>						

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	<p>bottom of the microwave. The oven had white residue on the bottom of the oven and brown residue on the glass oven door.</p> <p>At this time, during an interview the DSD indicated this area was not used by residents much, but employees used the kitchenette to heat up their food. He indicated the Assisted Living Coordinator coordinated the cleaning schedule on this unit and she knew how the unit operated.</p> <p>During an interview on 6/18/14 at 2:35 P.M., Assisted Living Coordinator indicated the second floor Assisted Living kitchenette was used infrequently by one resident who baked in the oven, but was used frequently by employees to heat their food. She indicated the oven and microwave oven were cleaned weekly by housekeeping and the Director of Environmental Services would know about the cleaning schedule.</p> <p>During an interview on 6/18/14 at 3 P.M., the Director of Environmental Services indicated the second floor Assisted Living oven and microwave oven were cleaned weekly by housekeeping, but he did not have any documentation that indicated when those ovens were cleaned last.</p>						

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R000349	<p>During an interview on 6/19/14 at 2:55 P.M., the Assistant Executive Director indicated the DSD was responsible for educating the newly hired kitchen staff and the new employees hired on the other units regarding the policies and procedures about food safety and sanitation.</p> <p>A current policy undated titled, "CLEANING SCHEDULES" provided by the Associate Executive Director on 6/19/14 at 1:35 P.M., indicated "Policy: ... *(Note: Community satellite kitchens will be held to the same sanitary standards as the main kitchen, utilizing a comprehensive cleaning schedule specific to each kitchen.) Procedure: 1. The Dining Services Director shall record all cleaning and sanitation tasks for the Dietary Department. 2. A cleaning schedule shall be posted with tasks designated to specific positions in the department. 3. All tasks shall be addressed as to frequency of cleaning...."</p> <p>410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows:</p>						

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	<p>(1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.</p> <p>Based on observation, interview, and record review, the facility failed to maintain an accurate medication administration record for 1 of 5 residents observed receiving medications. (Resident #76).</p> <p>Findings include:</p> <p>During a medication pass observation on 6/18/2014 at 10:40 A.M., Resident #76 was observed receiving and taking the thyroid medication Levothyroxine 50 mcg (micrograms).</p> <p>At this time during an interview with QMA (Qualified Medication Assistant) #1, she indicated this was the third attempt to give the resident her medication. QMA #1 indicated Resident #76 did not like to get up early, and she had to be approached several times after she got up before she would accept her medication.</p> <p>The resident's record was reviewed on 6/18/2014 at 10:55 A.M. Diagnoses included, but were not limited to, hypothyroidism (low thyroid), dementia, depression, and anxiety.</p>	R000349	<p>07/09/14</p> <p>On July 2, 2014 Health Care Coordinator (HCC) provided an in-service to the Wellness TMs on procedures specific to resident medication refusal and to ensure documentation on MAR of initial refusal as well as all reproaches. HCC or designee will do bi-weekly QA audits to ensure medication refusals are documented on the MAR's for 30 days and then weekly for 60 days. The HCC or designee will complete Quarterly Med Pass Observations on all QMA's to ensure on going compliance on documentation of medication refusals and adjust best practices as necessary. Ongoing when a resident refuses medication the QMA will notify the nurse and she/he will reach out to the resident's physician to receive further instruction. The ED or designee is responsible for conducting a monthly QA compliance review for 3 months to ensure overall ongoing compliance.</p>		07/09/2014		

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	<p>Resident #76's Physician's order recap (recapulation) included but was not limited to the following : " Levothyroxine 50 mcg [microgram] tablet... Give 1 tablet orally daily at 8 A.M... *Give on empty stomach*...."</p> <p>Resident #76's MAR (Medication Administration Record) for June 2014 was reviewed on 6/19/2014 at 11:15 A.M. The MAR indicated the following: "Levothyroxine 50 mcg tablet give 1 tablet orally daily at 8 A.M...."</p> <p>The line indicating when the thyroid medication was given, was filled out with initials for each day which indicated the medication had been given. On 6/18/2014 QMA #1's initials were present and written as if she had given the medication at 8 A.M. The back of the MAR where nurse's documented medication notes was blank. The resident's regular nurse's notes lacked any notation that the resident was given the medication late because they refused earlier.</p> <p>In an interview with the HCC (Health Care Coordinator) on 6/19/2014 at 1:30 P.M., she indicated the MAR should have had a notation explaining the medication was given late and why it had to be given later than ordered and scheduled.</p>						

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R000357	<p>The facility's, "Medication Management" policy and procedure dated 2/19/2014 was reviewed on 6/19/14 at 8:55 A.M. The policy and procedure indicated the following: "The Medication Care Manager must ensure that the 6 'rights' are in place. The six 'rights' include a. Right drug...d. Right time...f. Right documentation... The Licensed Nurse / Medication Care Manager must ensure that documentation is completed for each administration...."</p> <p>410 IAC 16.2-5-8.1(j)(1-3) Clinical Records - Noncompliance (j) If a death occurs, information concerning the resident ' s death shall include the following: (1) Notification of the physician, family, responsible person, and legal representative. (2) The disposition of the body, personal possessions, and medications. (3) A complete and accurate notation of the resident ' s condition and most recent vital signs and symptoms preceding death. Based on interview and record review, the facility failed to document the disposition of medications following a resident's death for 1 of 2 resident's records reviewed for disposition of medications. (Resident #101)</p> <p>Findings include:</p>	R000357	<p>6/20/2014 07/01/2014 a) HCC conducted an in-service was held with all Wellness Nurses/Qualified Medication Assistants for Discontinuation and Disposal of Medications Policy. The HCC or designee will ensure that all medications are destroyed and the destruction is documented</p>		06/20/2014		

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	<p>Resident #101's record was reviewed on 6/18/14 at 2:47 P.M. Diagnoses included, but were not limited to, progressive dementia, hypothyroidism and falls.</p> <p>A "Hospice Medication Packing List" was provided by the Healthcare Coordinator on 6/19/14 at 2:37 P.M. The packing list indicated the facility had been shipped the following medications on 5/9/14:</p> <p>Haloperidol Concentrate (An antipsychotic medication) 2 mg (milligrams) / ml (milliliter) (15 ml) Quantity 15</p> <p>Lorazepam Tablets (An an antianxiety medication) 0.5 mg Quantity 12</p> <p>Atropine Sulfate Solution (An Anticholinergic medication) 1% Ophthalmic Quantity 5</p> <p>Morphine Sulfate Solution (Narcotic pain medication) 20 mg / ml Quantity 15</p> <p>Prochlorperazine (Compazine) tablets (An Antiemetic medication) 10 mg Quantity 6</p> <p>The resident had passed away on 6/3/14. Her record lacked a disposition log for the following medications: Haloperidol Concentrate, Atropine Sulfate Solution and Prochlorperazine tablets.</p> <p>During an interview on 6/19/14 at 2:37</p>		<p>per the policy at the time of a resident's death or move out. The HCC or designee will audit the destruction log within 48 hours of the resident's death or move out to ensure the documentation is in place per policy. b) The ED or designee will conduct a monthly QA compliance review for a period of 6 months to ensure overall ongoing compliance. The ED will ensure that immediate corrective action is taken if compliance deficiencies are noted.</p>				



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	P.M., the Healthcare Coordinator indicated she was unable to locate the disposition log for the Haloperidol Concentrate, Atropine Sulfate Solution and Prochlorperazine tablets.						